Nova Scotia

Health Services & Insurance Commission

ANNUAL REPORT

For the year ending March 31, 1982

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To The Honourable John E. Shaffner
Lieutenant - Governor of the Province of Nova Scotia

Sir:

I have the honour to present the Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ended March 31, 1982.

Your obedient servant,

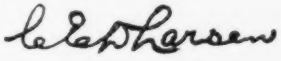
Gerald Sheehy, D.V.M.
Minister of Health

To The Honourable Gerald Sheehy, D.V.M.
Minister of Health
Joseph Howe Building
Halifax, Nova Scotia

Sir:

I have the honour to present the Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ended March 31, 1982.

Respectfully submitted,



Clemm E. Larsen
Chairman

INTRODUCTION

This is the ninth annual report of the Health Services and Insurance Commission to the Honourable Minister of Health and is made pursuant to Section 16 (1) of the Health Services and Insurance Act.

Programs provided to residents which are the responsibility of the Commission are:

(a) physician services

(b) surgical - dental services in hospital

(c) vision analyses by optometrists

(d) drug program for residents 65 years of age and over

(e) dental services for children born on or after January 1, 1967, or for students registered with the School for the Blind

(f) program for sufferers of cystic fibrosis

(g) dental program for patients with cleft lip/cleft palate

(h) drug program for those suffering from diabetes insipidus related to the pituitary gland.

(i) program of drugs for cancer patients

(j) prosthetics services program

The Commission consisted of 12 members appointed by the Lieutenant Governor in Council. Twelve regular meetings were held by the Commission during the year. Committees of the Commission met as required throughout the year.

Maritime Medical Care continues to carry out the day-to-day administration of the various programs.

The total number of claims processed under all programs was 6,069,000 - a 1.8 percent increase over the previous year.

Total payments increased by 17.4 percent to $134,199,830.

Detailed financial and statistical data relating to all programs will be found in the statistical section of this report.

HIGHLIGHTS 1981 - 1982

1. Vice - Chairman C.E. Larsen was appointed Chairman effective October 27, 1981, upon the resignation of Dr. Michael Laffin.

2. Miss Jean Dobson, Mr. W.G. Fraser and Dr. Philip Jardine were reappointed as members of the Commission.

3. Mr. George S. Fairn, Dr. D.C.T. Macintosh and Professor R.G. Murray were appointed members of the Commission.

4. Program of Prosthetic Services implemented July 1, 1981, with effect from January 1, 1981.

5. The medical tariff increased by 12% effective April 1, 1981.

6. The professional component of the Pharmacare tariff was increased to $4.55 effective July 1, 1981.

7. The dental tariffs under the Children's Dental Plan and Surgical Dental Plan were increased by 10% effective April 1, 1981.

8. Prescription drug formulary completed and copies forwarded to all physicians, dentists and pharmacies.

9. Inquiries into submission of irregular claims were held and one physician and one pharmacy were ordered not to practise under the plan for designated periods.

10. Brief submitted to the Minister's Dental Services Review Committee.

GENERAL INFORMATION

Legislation

The Health Services and Insurance Commission was established by Chapter 8 of the Statutes of Nova Scotia 1973, the Health Services and Insurance Act.

This Act repealed the Medical Care Insurance Act and the Hospital Insurance Act. The Health Services and Insurance Act was amended by Chapter 2 of the Statutes of 1977, at which time responsibility for the hospital program was deleted from the Commission's responsibility. The Commission continues to provide insurance coverage to Nova Scotia residents for a wide range of services provided by physicians, dentists, optometrists and pharmacists.

The Commission

The wide range of services provided to residents of Nova Scotia is administered by a Commission consisting of not fewer than 9, or more than 12, members responsible to the Minister of Health. For the year ending March 31, 1982, there were 12 members, including two physicians nominated by the Medical Society of Nova Scotia and two members nominated by the Association of Health Organizations.

Each Commissioner holds office for such term as is prescribed by his appointment, and is eligible for reappointment, but shall not hold office for a term or terms exceeding six consecutive years.

A number of changes occurred in the composition of the Commission during the year.

Dr. Michael Laffin resigned from the Commission effective September 16, 1981, to stand for public office, and Vice-Chairman C.E. Larsen was appointed Chairman effective October 27, 1981.

Miss Jean Dobson and Dr. Philip Jardine were reappointed for further terms of 3 years, expiring August 31, 1984.

Mr. W. G. Fraser's appointment was extended for a further term to expire January 31, 1983, when he will have served 6 consecutive years as a member of the Commission.

Mr. George S. Fairn was appointed a member of the Commission to complete the term of Mr. H. C. Delano, who resigned on March 11, 1981.

Dr. D. C. T. Macintosh and Professor R. G. Murray were appointed members for terms of 3 years each.

Mr. D. H. Waller continued as Executive Secretary to the Commission, and Mr. J. G. Hare, C.A., as Executive Director of the Commission.

Responsibilities of the Commission

It is the function of the Commission, and it has power to

(a) establish a tariff or tariff fees or other system of payment for insured services and, with the approval of the Governor in Council, to authorize payments in respect thereof;

(b) consult with the various societies or associations before establishing or altering any tariff providing for payment of services rendered by the various providers;

(c) interpret tariffs and determine their application to the assessment of claims;

(d) conduct surveys and research in relation to services that are insured under the Act;

(e) perform such other functions as may be assigned to it from time to time by the Governor in Council or the Minister;

(f) do all other acts and things that the Commission considers necessary or advisable for the purpose of carrying out effectively the intent and purposes of this Act.

Funding

The funds to carry out the purposes and functions of the Commission are provided by appropriations from the Legislature, and all services are rendered without the payment of premiums or co-insurance charges imposed by the Commission or the Province, although some individual providers do charge patients over and above the amount paid by the Commission.

Administration

The Executive Director, Mr. J. G. Hare, is responsible to the Commission for the overall direction of the plan. Maritime Medical Care is responsible for the day-to-day administration and for the assessment of claims in

respect of insured services in accordance with the tariffs established by the Commission. It is also responsible for paying claims in accordance with the Act and the Regulations.

Tariff Development

Under the Act, the Commission has the power and the responsibility to establish a tariff or tariff fees, or other system of payment for insured services. In carrying out this function, it meets with the various societies and/or associations before establishing such tariffs or other method of payment, and then requests approval of the Governor in Council to make payments in respect thereof.

Tariff increases effective during 1981-82 were:

(1) medical tariff - 12 percent - effective April 1, 1981;

(2) professional component of pharmacy tariff increased to $4.55, effective July 1, 1981;

(3) children's dental program and surgical-dental tariffs increased 10 percent April 1, 1981.

Registration

Registration of beneficiaries is carried out by Maritime Medical Care, which is reimbursed by the Province for such services as are performed on its behalf.

Eligibility for Benefits

Eligibility for benefits for residents does not depend upon prior registration. No premiums are required. Eligibility, generally speaking, is based on the family concept, and all unmarried dependents under the age of 18 are registered on the family's registration certificate. Persons 18 years of age are issued with a separate registration card at the start of the month following the month in which they reach their eighteenth birthday.

Newcomers to Nova Scotia are required to register with Maritime Medical Care.

Generally speaking, residents of other provinces moving to Nova Scotia are provided with coverage on the first day of the third month following the

month they move to Nova Scotia. Immediate coverage is available for certain special residents on arrival in Nova Scotia. Such special residents would include a landed immigrant, a discharged member of the Canadian Forces, and returning Canadians (from abroad).

Method of Payment

Usually the majority of payments are made directly to the provider by the Commission on behalf of the individual, although provision has been made for direct payment to the patient if the provider does not have opted-in status with the Commission. In such instances, payments may be made directly to the patient. This, generally, is the case for services rendered outside Canada or elsewhere within Canada. Provision has been made by the Commission to permit the patient to assign the account to the provider concerned.

Payments made directly by the Commission to the provider will be in accordance with the tariffs established by the Commission, and there may be a difference with the amount charged by the provider. Although the level of payment will vary according to the amount charged by the practitioner, the coverage provided on an out-of-Canada basis for physicians is based on 85 percent of the comparative fee in Nova Scotia, plus 75 percent of the balance.

No payments are made with respect to services provided at the request of a third party, or for services deemed unnecessary.

Third Party Recoveries

The Commission attempts to recover amounts paid for medical services rendered as a result of the wrongful act of third parties. This function is carried out on behalf of the Commission by the Departmental Solicitor and the Casualty Claims Examiner, Miss K. R. Delaney, of the Department of Health, with the assistance of other staff members.

During the fiscal year 1981-82, $82,646.76 in respect to medical services payments was recovered from third parties.

COMPARISON OF EXPENDITURES
For The Years Ended March 31, 1981 and 1982[1]

	March 31 1981	March 31 1982
Payment of Insured Services		
Medical	$ 91,123,496.00	$104,121,893.00
Pharmacy	17,448,038.00	21,135,070.00
Children's Dental	6,593,903.00	8,532,038.00
Optometric	1,193,647.00	1,421,087.00
Cystic Fibrosis	154,557.00	148,102.00
Cleft Palate[2]	130,823.00	158,328.00
Other	15,786.00	265,778.00
Total	$116,660,250.00	$135,782,296.00
Administration		
M.M.C.	$ 4,298,748.00	$ 4,852,208.00
Other	274,100.00	281,642.00
Total	$ 4,572,848.00	$ 5,133,850.00
Grand Total	$121,233,098.00	$140,916,146.00

[1]Figures may differ from statistical tables, due to accruals.

[2]Includes Cleft Lip, Cleft Palate.

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Table 1

MSI Payments Summary
12 Months Ending March 31, 1982

	1980-81	1981-82	Percentage Change
Physicians' Services			
Fee-For-Service Payments	$84,378,140	$97,558,567[1]	15.6
Salaried & Sessional Payments	3,754,972	4,321,231	15.1
Total Payments for Physicians' Services	$88,133,112	$101,879,798	15.6
Dentists' Services			
Insured Dental Surgical Services	$1,039,092	$1,189,970	14.5
Children's Dental Plan	6,460,880	8,332,823	29.0
Cleft Palate & Special Programs	131,816	168,058	27.5
Total Dental Services	$7,631,788	$9,690,851	27.0
Optometrists' Services			
Optometric Plan	$1,193,647	$1,396,144	17.0
Prescription Drugs			
MSI Pharmacare	$17,228,981	$20,813,544	20.8
Cystic Fibrosis & Diabetes Insipidus	165,444	177,414	7.2
Prosthetic Services	$ -	$242,079	-
TOTAL MSI PAYMENTS	$114,352,972	$134,199,830	17.4
Administrative Expense, Maritime Medical Care Incorporated	$4,298,748	$4,852,208	12.9
Administrative Expense, As A Percent of Total Payments	3.8%	3.6%	
Total	$118,651,720	$139,052,038	17.2

[1]Of the amount shown above for physicians services $432,948 for out-of-province hospital out-patient and diagnostic services was transferred to the Department of Health in 1981-82.

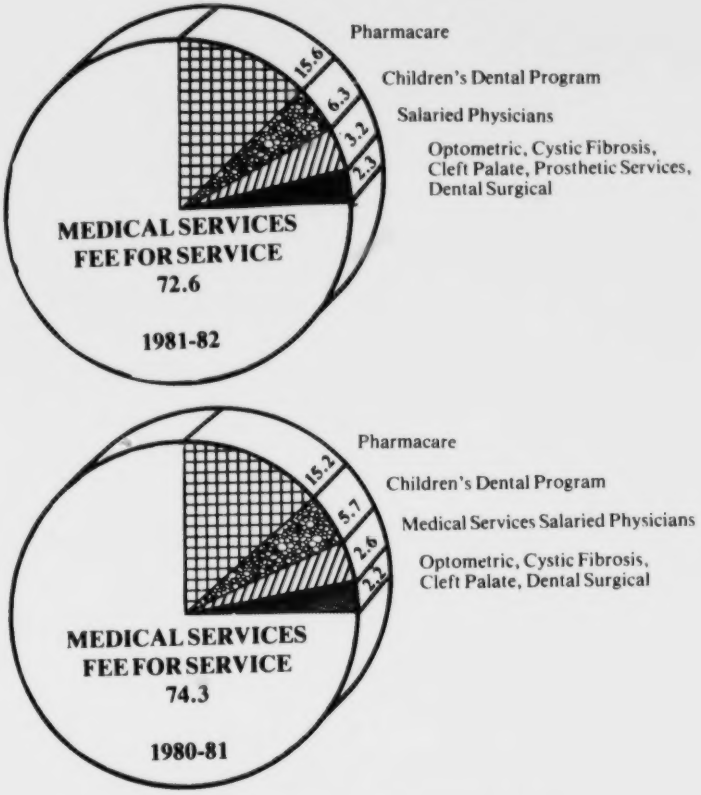
Table 2

Five-Year Comparison of Selected MSI Statistics And Annual Percentage Increases

	1977-78	1978-79	1979-80	1980-81	1981-82
Insured Population[1]	820,000	824,000	827,000	831,000	834,000
	0.6%	0.7%	0.6%	0.7%	0.4%
Physicians Paid	1,243	1,266	1,307	1,320	1,386
	2.7%	1.9%	3.2%	1.0%	5.0%
Dentists Paid	244	256	275	286	288
	5.2%	4.9%	7.4%	4.0%	0.7%
Optometrists Paid	37	41	43	44	45
Pharmacies Paid	186	190	197	203	202
	0.5%	2.2%	3.7%	3.0%	-0.5%
TOTAL MSI PAYMENTS	$80,142,990	$89,511,273	$100,636,860	$114,352,972	$134,199,830
	9.1%	11.7%	12.4%	13.6%	17.4%
Payments Per Insured Person[1]	$97.74	$108.63	$121.69	$137.61	$160.91
	9.1%	11.1%	12.0%	13.1%	16.9%
Claims Processed	5,309,179	5,542,704	5,758,186	5,962,000	6,069,000
	3.8%	4.4%	3.9%	3.6%	1.8%
Maritime Medical Care Administrative Expense	$ 3,555,983	$ 3,467,444	$ 3,856,132	$ 4,298,748	$ 4,852,208
	2.0%	-2.5%	11.2%	11.5%	12.9%
Maritime Medical Care Administrative Expense As Percent of Total MSI Payments	4.4	3.9	3.8	3.8	3.6
Total Number of Maritime Medical Care Employees (March 31)	235	235	237	235	244
	-2.9%	-	0.9%	-0.8%	3.8%

[1]Insured persons and payments per insured person have been revised as the result of population counts from the 1981 census.

Figure 1
Distribution of M.S.I. Payments



		1980-81	1981-82
Medical Services	- Fee for Service	74.3	72.6
	- Salaried Physicians	2.6	3.2
Dental Services	- Children's Dental Program	5.7	6.3
	- Dental Surgical	0.9	0.9
Optometric		1.1	1.0
Pharmacare		15.2	15.6
Cystic Fibrosis		.1	.1
Cleft Palate & Special Program[1]		.1	.3
		100.0	100.0

[1] 1981-82 figure includes Prosthetic Services

Table 3

Physicians' Services

Payment and Utilization Summary

Fiscal 1981 - 82 Compared With Fiscal 1980 - 81

	1980-81	1981-82[1]	Percentage Change
Payment Summary			
Fee-For-Service Payments For Physicians Services Rendered In Nova Scotia	$83,194,072	$ 96,057,422	15.5
Physicians Services Rendered Outside Nova Scotia	1,184,068	1,501,145	26.8
Total Fee-For-Service Payments	84,378,140	97,558,567	15.6
Salaried Physicians	3,754,972	4,321,231	15.2
Total Payments for Physicians Services	$88,133,112	$101,879,798	15.6
Utilization Summary			
Persons Insured	831,000	834,000	0.4
Persons Receiving Insured Services (Beneficiaries)	721,958	726,014	0.6
Percent of Persons Insured	86.9	87.1	
Services Rendered[2]	5,420,233	5,565,010	2.7
Services Per Insured[3]	6.52	6.67	2.3
Expenditure Per Insured[4]	$106.06	$122.16	15.2
Services Per Beneficiary[3]	7.51	7.67	2.1
Expenditure Per Beneficiary[4]	$122.08	$140.33	15.0

[1]Of the total for physicians services $432,948 for out-of-province out-patient and diagnostic services was charged to the Department of Health in 1981-82.

[2]Data for 1980-81 has been revised.

[3]Excludes services performed by physicians under salary arrangement.

[4]Includes payments for salaried physicians services.

Table 4

Physicians' Services

Total MSI Payments for Physicians' Services[1] And Expenditure Per Insured Person — 1970 - 71 to 1981 - 82

	Total Paid	Expenditure Per[2] Insured Person	Percentage Change From Previous Year
1970 - 71	$30,190,518	$39.31	-
1971 - 72	32,778,568	42.24	7.4
1972 - 73	35,975,822	46.06	9.1
1973 - 74	38,571,411	48.58	5.5
1974 - 75	44,851,793	55.93	15.0
1975 - 76	55,348,064	68.25	22.0
1976 - 77	61,107,308	74.79	9.6
1977 - 78	65,051,135	79.33	6.1
1978 - 79	71,091,416	86.28	8.8
1979 - 80	78,558,897	94.99	10.1
1980 - 81	88,133,112	106.06	11.7
1981 - 82	101,924,765	122.21	15.2

[1] Includes payments to hospitals and institutions with respect to insured services performed by salaried physicians, as well as fee-for-service payments.

[2] Expenditure per insured person has been revised for 1976 - 77 to 1980 - 81 as the result of population counts from the 1981 census.

Table 5

Physicians' Services
MSI Fee-For-Service Payments
Number of Physicians by Specialty and Payment Range[1]
(1980-81 Compared With 1981-82)

	Under $20,000		$20,000 -39,999		$40,000 -59,999		$60,000 -79,999	
	1981[2]	1982[2]	1981	1982	1981	1982	1981	1982
Anaesthesia	3	7	3	1	7	5	8	9
Dermatology	-	-	-	-	-	1	3	-
General Practice	160	187	119	73	88	106	151	111
General Surgery	17	16	8	6	4	6	13	4
Internal Medicine	38	43	12	14	16	16	12	11
Neurology	2	2	1	1	4	3	-	1
Neurosurgery	1	-	-	-	-	1	-	-
Obstetrics & Gynaecology	4	4	3	1	4	2	4	8
Ophthalmology	2	3	1	-	2	3	1	1
Ophthalmology & Otolaryngology	1	2	1	-	1	-	1	2
Otolaryngology	2	2	2	1	2	1	2	2
Orthopaedic Surgery	-	1	-	-	-	-	-	2
Paediatrics	17	14	10	7	6	6	7	4
Physical Medicine	-	-	-	-	2	2	1	-
Plastic Surgery	-	1	-	-	-	-	-	-
Psychiatry	21	18	14	12	10	9	6	10
Radiology	47	53	4	4	2	3	2	1
Urology	-	-	1	-	2	1	1	2
TOTAL	315	353	179	120	150	165	212	168

[1]This table provides data on MSI fee-for-service payments to Nova Scotia physicians. Payments for services performed by physicians at institutions on a salaried or sessional basis are not included.

[2]1981 refers to the fiscal year ending March 31, 1981 and 1982 refers to the fiscal year ending March 31, 1982.

Table 5 (Continued)
Physicians' Services
MSI Fee-For-Service Payments
Number of Physicians by Specialty and Payment Range[1]
(1980-81 Compared With 1981-82)

	$80,000 -99,999		$100,000 -119,999		$120,000 -139,999		Over $140,000		Total	
	1981	1982	1981	1982	1981	1982	1981	1982	1981	1982
Anaesthesia	11	14	7	9	2	3	-	1	41	49
Dermatology	1	5	1	1	-	-	-	-	5	7
General Practice	115	118	58	86	31	42	25	50	747	773
General Surgery	13	10	12	15	14	10	20	33	101	100
Internal Medicine	9	9	7	9	3	3	8	12	105	117
Neurology	1	1	-	1	1	-	1	2	10	11
Neurosurgery	2	-	2	1	-	2	1	1	6	5
Obstetrics & Gynaecology	6	3	8	6	5	8	3	7	37	39
Ophthalmology	4	1	1	4	5	4	8	11	24	27
Ophthalmology & Otolaryngology	3	-	-	2	-	-	-	-	7	6
Otolaryngology	2	3	-	2	1	-	8	9	19	20
Orthopaedic Surgery	2	-	2	1	3	1	5	8	12	13
Paediatrics	3	6	-	4	-	1	1	1	44	43
Physical Medicine	-	1	-	-	1	-	1	2	5	5
Plastic Surgery	-	-	-	-	1	-	3	4	4	5
Psychiatry	5	4	2	6	1	1	1	2	60	62
Radiology	1	-	-	-	-	1	-	-	56	62
Urology	4	4	1	-	4	4	3	5	16	16
TOTAL	182	179	101	147	72	80	88	148	1,299	1.360

[1]This table provides data on MSI fee-for-service payments to Nova Scotia physicians. Payments for service performed by physicians at institutions on a salaried or sessional basis are not included.

[2]1981 refers to the fiscal year ending March 31, 1981 and 1982 refers to the fiscal year ending March 31, 1982.

Table 6
Physicians' Services

Fee-For-Service Payments
Amount Paid by Type of Service

	12 Months Ended March 31, 1981		12 Months Ended March 31, 1982		
	Amount Paid	% Of Total	Amount Paid	% Of Total	% Change Amount Paid
Consultations	$ 8,757,063	10.4	$11,011,218	11.3	25.7
Office Visits	25,922,396	30.7	29,755,140	30.5	14.8
Home Visits	3,488,222	4.1	3,787,720	3.9	8.6
Hospital Visits	6,294,158	7.5	6,948,992	7.1	10.4
Emergency & Out-Patient Dept. Visits	4,852,321	5.8	5,578,863	5.7	15.0
Intensive Care	614,898	0.7	826,253	0.8	34.4
Psychiatric Services	3,327,926	3.9	4,258,368	4.4	28.0
Sub-Total	$53,256,984	63.1	$62,166,554	63.7	16.7
Eye Examinations	1,917,136	2.3	2,027,233	2.1	5.7
Other Diag. & Ther.	4,766,628	5.6	5,861,752	6.0	23.0
Sub-Total	$ 6,683,764	7.9	$ 7,888,985	8.1	18.0
Confinements	1,953,204	2.4	1,615,506	1.7	-17.3
Obstetrical Care[1]	1,276,150	1.5	2,139,363	2.2	67.6
Sub-Total	$ 3,229,354	3.9	$ 3,754,869	3.9	16.3
Major Surgery	10,140,726	12.0	11,248,195	11.5	10.9
Minor Surgery	3,313,734	4.0	3,612,798	3.7	9.0
Surgical Assist	1,039,256	1.2	1,120,931	1.2	7.9
Anaesthesia[2]	4,997,636	5.9	5,520,322	5.6	10.5
Sub-Total	$19,491,352	23.1	$21,502,246	22.0	10.3
All Other Services[3]	1,716,686	2.0	2,245,913	2.3	30.8
TOTAL	$84,378,140	100.0	$97,558,567	100.0	15.6

[1]Obstetrical care includes pre- and post-natal care. Since April 1980 pre- and post natal care visits have been shown as separate services, while prior to that a comprehensive fee covered both the confinement and pre- and post-natal care. A number of claims during 1980-81 were paid at the comprehensive rate, and therefore the decrease in payments for confinements and the increase for obstetrical care are due largely to the change in the method of claiming for these services.

[2]Includes dental anaesthesia services: 1980-81 = $210,267; 1981-82 = $221,586 .

[3]i.e., amounts paid for out-of-province services, independent consideration, detention fees and group immunization.

Table 7

Physicians' Services

Fee-For-Service Payments

Services and Amount Paid Per 1,000 Insured Persons[1]

	Number of Services Per 1,000 Insured 12 Months Ended March 31		Amount Paid Per 1,000 Insured 12 Months Ended March 31	
	1981	1982	1981	1982
Consultations	271	300	$ 10,538	$ 13,203
Office Visits	3,206	3,227	31,194	35,678
Home Visits	253	248	4,198	4,541
Hospital Visits	1,070	1,061	7,574	8,332
Emergency & Out-Patient Dept. Visits	482	497	5,839	6,689
Intensive Care	34	38	740	991
Psychiatric Services	122	138	4,005	5,106
Sub-Total	5,438	5,509	$ 64,088	$ 74,540
Eye Exami..ations	107	102	2,307	2,431
Other Diag. & Ther.	420	435	5,736	7,028
Sub-Total	527	538	$ 8,043	$ 9,459
Confinements	15	16	2,350	1,937
Obstetrical Care[2]	100	158	1,536	2,566
Sub-Total	115	174	$ 3,886	$ 4,503
Major Surgery	68	69	12,203	13,487
Minor Surgery	145	146	3,988	4,332
Surgical Assist	23	23	1,250	1,344
Anaesthesia	102	101	6,014	6,619
Sub-Total	338	339	$ 23,455	$ 25,782
All Other Services[2]	105	113	2,066	2,693
Total	6,523	6,673	$101,538	$116,977

[1]Estimates of insured population as of October 1 are shown below. The 1980-81 estimates have been revised as a result of the 1981 census.

	1980-81	1981-82
Total Insured Population	831,000	834,000

[2]See notes 1 and 2 on Tables 4.0 and 4.1

Table 8

Physicians' Services

Billing Above Tariff by County, General Practitioners and Specialists

Specialty of Physician By County	12 Months Ended March 31, 1981 Physicians	12 Months Ended March 31, 1981 Amount Reported	12 Months Ended March 31, 1982 Physicians	12 Months Ended March 31, 1982 Amount Reported	Percentage[1] Change
ANNAPOLIS					
General Practitioners	14	$63,793	14	$75,412[2]	2.2
Specialists	4	10,001			
TOTAL	18	73,794			
ANTIGONISH					
General Practitioners	3	455	3	438	-
Specialists	2	3	3	6	-
TOTAL	5	458	6	444	-
CAPE BRETON COUNTY					
General Practitioners	22	488	20	133	-
Specialists	4	3,687	5	4,310	16.9
TOTAL	26	4,175	25	4,443	6.4
CITY OF SYDNEY					
General Practitioners	18	36,412	18	37,344	2.6
Specialists	16	85,025	18	107,713	26.7
TOTAL	34	121,437	36	145,057	19.5
COLCHESTER					
General Practitioners	12	48,951	17	47,515	-2.9
Specialists	5	17,562	5	10,098	-42.5
TOTAL	17	66,513	22	57,613	-13.4
CUMBERLAND					
General Practitioners	27	97,305[2]	22	70,635	-
Specialists			4	31,604	-
TOTAL	27	97,305	26	102,239	5.1
DIGBY					
General Practitioners & Specialists	18	59,560[2]	18	60,321	1.3

[1]Percentage changes are not shown where amount reported in the 12 months ending March 31, 1981 was less than $500.

[2]The distribution of billing above tariff by specialty has not been shown where fewer than 3 physicians billed substantial amounts.

Table 8 (Continued)

Specialty of Physician By County	12 Months Ended March 31, 1981 Physicians	Amount Reported	12 Months Ended March 31, 1982 Physicians	Amount Reported	Percentage[1] Change
GUYSBOROUGH					
General Practitioners	6	17,440	7	11,795	-32.4
Specialists	-	-	-	-	-
TOTAL	6	17,440	7	11,795	-32.4
HALIFAX COUNTY (Excludes Hfx. - Dart.) General Practitioners & Specialists	30	88,133[2]	28	103,137	17.0
HALIFAX-DARTMOUTH					
General Practitioners	147	$ 649,598	170	$ 734,438	13.1
Specialists	153	799,474	174	905,528	13.3
TOTAL	300	1,449,072	344	1,639,966	13.2
HANTS General Practitioners & Specialists	22	58,545[2]	19	66,210	13.1
INVERNESS General Practitioners & Specialists	9	53,491[2]	10	51,427	-3.9
KINGS					
General Practitioners	41	123,996	41	153,435	23.7
Specialists	16	105,245	17	126,837	20.5
TOTAL	57	229,241	58	280,272	22.3
LUNENBURG					
General Practitioners	30	247,369	37	278,962	12.8
Specialists	8	54,279	11	71,417	31.6
TOTAL	38	301,648	48	350,379	16.2
PICTOU					
General Practitioners	23	65,179	22	61,233	-6.0
Specialists	4	3,928	4	4,965	26.4
TOTAL	27	69,107	26	66,198	-4.2
QUEENS					
General Practitioners	6	34,908		41,280[2]	
Specialists	3	4,670	8		
TOTAL	9	39,578	8	41,280	18.3

[1]Percentage changes are not shown where amount reported in the 12 months ending March 31, 1981 was less than $500.

[2]The distribution of billing above tariff by specialty has not been shown where fewer than 3 physicians billed substantial amounts.

Table 8 (Continued)

Specialty of Physician By County	12 Months Ended March 31, 1981 Physicians	Amount Reported	12 Months Ended March 31, 1982 Physicians	Amount Reported	Percentage[1] Change
RICHMOND					
General Practitioners	3	6	1	1	-
Specialists	-	-	-	-	-
TOTAL	3	6	1	1	-
SHELBURNE					
General Practitioners	8	20,845	12	19,527	-6.3
Specialists	-	-	-	-	-
TOTAL	8	20,845	12	19,527	-6.3
VICTORIA					
General Practitioners & Specialists	4	12,254	3	8,835	-27.9
YARMOUTH					
General Practitioners	16	$ 38,469	18	$ 36,075	-6.2
Specialists	5	11,713	8	9,174	-21.7
TOTAL	21	50,182	26	45,249	-9.2
GENERAL PRACTICE TOTAL	451	$1,669,553	477	$1,818,143	8.9
Percent of Amount Paid		3.8		3.6	
SPECIALIST TOTAL	228	$1,143,231	260	$1,311,662	14.7
Percent of Amount Paid		3.0		2.9	
NOVA SCOTIA PHYSICIANS	679	$2,812,784	737	$3,129,805	11.3
Percent of Amount Paid		3.4		3.3	

[1]Percentage changes are not shown where amount reported in the 12 months ending March 31, 1981 was less than $500.

Table 9

MSI Dental Plans

Payment and Utilization Summary

PAYMENT SUMMARY

	1980-81	1981-82
Children's Dental & Dental-Surgical[1]		
—Services in Nova Scotia	$7,496,276	$9,513,782
—Services outside Nova Scotia	3,697	9,011
TOTAL	$7,499,973	$9,522,793
Special Dental Programs[2]	131,816	168,058
TOTAL DENTAL PAYMENTS	$7,631,789	$9,690,851

UTILIZATION SUMMARY

	Dental-Surgical		Children's Dental Plan	
	1980-81	1981-82	1980-81	1981-82
—Services Rendered	20,979	21,355	385,499	446,531
—Amount Paid	$1,039,092	$1,189,970	$6,460,880	$8,332,823
—Persons Insured	831,000	834,000	183,000	194,900
—Persons Receiving Services (Beneficiaries)	7,900	7,678	88,400	101,408
—Percent of Persons Insured	1.0%	0.9%	48.3%	52.0%
—Services Per 1,000 Insured	25	26	2,106	2,291
—Paid Per 1,000 Insured	$1,250	$1,427	$35,305	$42,754
—Services Per 1,000 Beneficiaries	2,656	2,781	4,360	4,403
—Paid Per 1,000 Beneficiaries	$131,531	$154,984	$73,087	$82,171

[1]The Children's Dental Plan covers all children born since January 1, 1967.

[2]Special Dental Programs include persons who have a cleft palate; in-hospital services to persons who are severely mentally retarded; and children at the Halifax School For The Blind born prior to 1967. Amounts paid were:

	1980-81	1981-82
Cleft Palate	$122,823	$155,945
Mental Retardation	7,648	11,435
School For The Blind	1,345	678

Table 9A

Special Dental Programs

Payment and Utilization Summary

April 1, 1981 to March 31, 1982

	Number of Beneficiaries	Number of Services	Amount Paid
Cleft Palate	383	2,732	$155,945
Mentally Retarded	65	515	11,435
Halifax School For The Blind[1]	6	25	678

[1]Sir Frederick Fraser School

Table 10

MSI Children's Dental Plan

Amount Paid and Expenditure Per 1,000 Insured Persons 1980 - 81 and 1981 - 82

Age	Amount Paid		Expenditure Per 1,000 Insured Persons[1]		
	1980-81	1981-82	1980-81	1981-82	% Change
Less Than 1	$ 420	$ 880	$ 35	$ 75	114.3
1	7,036	9,334	586	765	30.5
2	54,055	64,391	4,359	5,235	20.1
3	224,607	272,659	17,826	22,167	24.4
4	416,699	463,988	32,302	38,346	18.7
5	511,710	583,609	39,667	45,953	15.8
6	592,638	685,693	45,588	53,154	16.6
7	707,873	825,394	53,224	64,484	21.2
8	763,417	897,478	55,320	66,480	20.2
9	777,804	857,964	53,274	62,171	16.7
10	676,118	844,509	47,952	57,843	20.6
11	646,782	781,382	45,548	54,263	19.1
12	638,585	768,917	45,613	55,318	21.3
13	431,393	768,232	41,085	54,874	33.6
14	11,743	490,561	19,571	44,596	-
15	-	17,832	-	29,720	-
Total	$6,460,880	$8,332,823	$35,305[2]	$42,754	21.1

[1]Insured population in 1981 is shown in Table 4. Data for the highest age group does not represent a full year's experience (e.g. children born January to March 1967 were 15 for only the last 3 months of the 1981-82 fiscal year).

[2]Revised data.

Table 11

MSI Children's Dental Plan

Utilization Rates and Expenditure Per Beneficiary
April 1, 1981 to March 31, 1982

Age	Insured[1]	Beneficiaries	Utilization Rate	Expenditure Per Beneficiary
Less Than 1	11,800	42	0.4	$20.95
1	12,200	299	2.5	31.22
2	12,300	1,621	13.2	39.72
3	12,300	5,259	42.8	51.85
4	12,100	6,981	57.7	66.46
5	12,700	8,121	63.9	71.86
6	12,900	8,671	67.2	79.08
7	12,800	8,948	69.9	92.24
8	13,500	9,501	70.4	94.46
9	13,800	9,474	68.7	90.55
10	14,600	9,842	67.4	85.81
11	14,400	9,495	65.9	82.29
12	13,900	9,029	65.0	85.16
13	14,000	8,724	62.3	88.06
14	11,000	5,261	47.8	93.24
15	600	140	23.3	127.37
TOTAL	194,900	101,408	52.0	$82.17
Ages 3 to 15	158,600	99,446	62.7	$83.04

[1]Insured population in age groups 0 - 13 is the estimated population as of December, 1981. For age groups 14 and 15 the average number of insured persons during the year have been calculated. Data for the highest age group does not represent a full year's experience, however, as these children would have been 15 for only 1 to 3 months of the fiscal year. Population estimates were derived from Family Allowance data.

Table 12

Children's Dental Plan

Summary of Services by Age and Type of Service[1]

(A) Total Services, April 1, 1981 to March 31, 1982[1]

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics[2]	Total
Less Than 1	43	2	-	7	1	2	55
1	313	33	3	85	36	10	480
2	1,751	744	16	776	101	72	3,460
3	6,061	3,558	63	4,844	324	359	15,209
4	9,049	5,083	141	10,855	591	916	26,635
5	11,356	5,935	268	13,633	1,634	1,296	34,122
6	12,535	6,412	590	15,346	3,078	1,175	39,136
7	13,436	6,634	1,143	17,322	4,086	1,057	43,678
8	14,231	6,982	1,389	17,346	4,568	890	45,406
9	14,571	7,013	1,424	14,626	4,578	601	42,813
10	15,194	7,338	1,289	13,138	4,972	396	42,327
11	14,797	6,963	1,067	12,527	4,196	311	39,861
12	13,688	6,485	888	14,310	3,311	243	38,925
13	13,074	6,147	613	16,602	2,462	286	39,184
14	8,706	4,029	271	11,410	1,283	225	25,924
15	313	143	6	406	47	9	924
TOTAL	149,118	73,501	9,171	163,233	35,268	7,848	438,139

[1]Lab fees are not counted as services in this table.
[2]Endodontics includes periodontics and prosthetics in this table.

Table 12 (continued)
Children's Dental Plan

Summary of Services by Age and Type of Service[1]

(B) Percentage Distribution

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics[2]	Total
Less Than 1	-	-	-	-	-	-	-
1	0.2	-	-	0.1	0.1	0.1	0.1
2	1.2	1.0	0.2	0.5	0.3	0.9	0.8
3	4.1	4.8	0.7	3.0	0.9	4.6	3.5
4	6.1	6.9	1.5	6.6	1.7	11.7	6.1
5	7.6	8.1	2.9	8.4	4.6	16.5	7.8
6	8.4	8.7	6.4	9.4	8.7	15.0	8.9
7	9.0	9.0	12.5	10.6	11.6	13.5	10.0
8	9.5	9.5	15.1	10.6	13.0	11.3	10.4
9	9.8	9.5	15.5	9.0	13.0	7.7	9.8
10	10.2	10.0	14.1	8.0	14.1	5.0	9.7
11	9.9	9.5	11.6	7.7	11.9	4.0	9.1
12	9.2	8.8	9.7	8.8	9.4	3.1	8.9
13	8.8	8.4	6.7	10.2	7.0	3.6	8.9
14	5.8	5.5	3.0	7.0	3.6	2.9	5.9
15	0.2	0.2	0.1	0.2	0.1	0.1	0.2
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

[1]Lab fees are not counted as services in this table.

[2]Endodontics includes periodontics and prosthetics in this table.

Table 13

Children's Dental Plan

Summary of Amounts Paid by Age and Type of Service

(A) Amounts Paid April 1, 1981 to March 31, 1982[1]

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics[2]	Total
Less Than 1	$ 632	$ 31	$ -	$ 142	$ 15	$ 60	$ 880
1	5,008	478	97	2,534	845	372	9,334
2	29,104	11,183	2,059	18,230	1,954	1,861	64,391
3	92,832	53,585	7,567	103,049	5,988	9,638	272,659
4	115,116	77,464	16,957	220,865	10,251	23,335	463,988
5	133,238	91,013	28,400	271,262	28,268	31,428	583,609
6	140,961	98,552	59,717	304,637	53,332	28,494	685,693
7	151,415	101,956	127,132	346,702	71,270	26,919	825,394
8	159,768	107,328	176,478	350,550	77,780	25,574	897,478
9	164,077	107,789	185,992	301,112	78,225	20,769	857,964
10	171,584	112,786	174,661	277,344	84,851	23,283	844,509
11	168,484	106,918	146,272	262,341	70,226	27,141	781,382
12	155,477	99,437	126,271	302,848	55,128	29,756	768,917
13	147,576	94,220	92,380	354,026	42,184	37,846	768,232
14	96,972	61,706	41,375	239,559	21,897	29,052	490,561
15	3,496	2,191	1,409	9,001	781	954	17,832
TOTAL	$1,735,740	$1,126,637	$1,186,767	$3,364,202	$602,995	$316,482	$8,332,823

[1]Lab fees are shown by type of service in this table.

[2]Endodontics includes periodontics and prosthetics in this table.

Table 13 (continued)
Children's Dental Plan
Summary of Amounts Paid by Age and Type of Service[1]

(B) Percentage Distribution

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total
Less Than 1	-	-	-	-	-	-	-
1	0.3	-	-	0.1	0.2	0.1	0.1
2	1.7	1.0	0.2	0.5	0.3	0.6	0.8
3	5.3	4.8	0.6	3.1	1.0	3.0	3.3
4	6.6	6.9	1.4	6.6	1.7	7.4	5.6
5	7.7	8.1	2.4	8.1	4.7	9.9	7.0
6	8.1	8.7	5.0	9.0	8.8	9.0	8.2
7	8.7	9.0	10.7	10.3	11.8	8.5	9.9
8	9.2	9.5	14.9	10.4	12.9	8.1	10.8
9	9.4	9.6	15.7	9.0	13.0	6.6	10.3
10	10.0	10.0	14.7	8.2	14.1	7.3	10.1
11	9.7	9.5	12.3	7.8	11.6	8.6	9.4
12	9.0	8.8	10.6	9.0	9.1	9.4	9.2
13	8.5	8.4	7.8	10.5	7.0	12.0	9.2
14	5.6	5.5	3.5	7.1	3.6	9.2	5.9
15	0.2	0.2	0.1	0.3	0.1	0.3	0.2
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

[1]Lab fees are shown by type of service in this table.
[2]Endodontics includes periodontics and prosthetics in this table.

Table 14
M.S.I. Dental Plans
Payments to Dentists by Payment Range

1980-81 and 1981-82

	Less Than -9,999		$10,000 -19,999		$20,000 -29,999		$30,000 -39,999		$40,000 -49,999		$50,000 -59,999		$60,000 -79,999		$80,000 -99,999		$100,000 And Over		Total	
	81	82	81	82	81	82	81	82	81	82	81	82	81	82	81	82	81	82	81	82
Children's Dental																				
General Practitioners	90	66	57	57	31	26	33	34	21	26	10	14	10	18	3	10	1	3	256	254
Specialists	16	19	3	2	3	4	3	3	3	2	-	2	1	-	-	-	1	2	30	34
Total	106	85	60	59	34	30	36	37	24	28	10	16	11	18	3	10	2	5	286	288
Dental-Surgical																				
General Practitioners	42	37	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43	38
Specialists	5	4	-	-	-	-	-	-	-	-	-	-	-	-	1	-	6	7	12	11
Total	47	41	1	1	-	-	-	-	-	-	-	-	-	-	1	-	6	7	55	49

Table 15

M.S.I. Dental Plans

Dentists Billing Above Tariff By County[1]

County[2]	Fiscal 1980 - 81 Dentists[3]	Fiscal 1980 - 81 Billed Above Tariff	Fiscal 1981 - 82 Dentists[3]	Fiscal 1981 - 82 Billed Above Tariff
Annapolis	-	$ -	1	$ 4
Antigonish & Guysborough[4]	6	17,385	5	11,403
Cape Breton	8	14,349	8	5,618
Colchester	9	21,846	9	25,273
Cumberland	3	4,940	4	5,262
Digby	1	2	-	-
Halifax	62	172,923	57	198,840
Hants	4	3,256	2	3,606
Kings	8	22,747	9	22,932
Lunenburg	11	28,578	11	38,908
Pictou	7	33,965	8	34,673
Queens	-	-	1	2
Richmond & Victoria[4]	1	1,620	2	7,100
Yarmouth & Shelburne[4]	1	2	2	220
Total	121	$321,613	119	$353,841

[1]Includes Children's Dental Plan and Dental Surgical Plan.

[2]No billing above tariff was reported in Digby, Guysborough or Victoria counties during 1981-82.

[3]Dentists who billed above tariff.

[4]The counties of Antigonish & Guysborough, Richmond & Victoria and Yarmouth & Shelburne were combined to preserve confidentiality.

Table 16

Optometric Services

Payment and Utilization Summary

	1980-81	1981-82	Percentage Change
PAYMENT SUMMARY			
—Payments to Optometrists in Nova Scotia	$1,189,144	$1,391,266	17.0
—Out-Of-Province	4,503	4,878	8.3
Total[1]	$1,193,647	$1,396,144	17.0
UTILIZATION SUMMARY			
—Services Rendered	80,174	82,806	3.3
—Persons Insured	831,000	834,000	0.4
—Persons Receiving Services (Beneficiaries)	79,562	81,247	2.1
—Percentage of Persons Insured	9.6	9.7	1.0
—Services Per 1,000 Insured	96	99	3.1
—Expenditure Per 1,000 Insured	$1,436	$1,674	6.6
—Services Per 1,000 Beneficiaries	1,008	1,019	1.1
—Expenditure Per 1,000 Beneficiaries	$15,003	$17,184	14.5

[1]Recoveries of $10,800 in 1981-82 have not been deducted from the total shown.

Table 17

Optometric Services

Number of Optometrists Paid, by Payment Range
1980 - 81 and 1981 - 82

	Less Than $10,000		$10,000 -19,999		$20,000 -29,999		$30,000 -39,999		$40,000 -49,999		$50,000 And Over		Total	
Location	**81**	**82**	**81**	**82**	**81**	**82**	**81**	**82**	**81**	**82**	**81**	**82**	**81**	**82**
Urban	2	3	3	4	6	3	3	4	3	2	1	3	18	19
Rural	6	5	4	3	7	6	3	3	3	4	3	5	26	26
Total	8	8	7	7	13	9	6	7	6	6	4	8	44	45

Table 18

Optometric Services

Billing Above Tariff, by Region[1]

Region	1980-81 Number Of Optometrists[2]	1980-81 Total Billed	1981-82 Number Of Optometrists[2]	1981-82 Total Billed	Percent Change
Halifax - Dartmouth	12	$77,396	12	$82,503	6.6
Sydney	4	39,566	4	49,013	23.9
Sub - Total Urban	16	116,962	16	131,516	12.4
Central - North Cumberland, Colchester, Kings, Hants	6	12,914	7	19,583	51.6
Western Annapolis, Digby, Yarmouth	4	11,191	4	19,933	78.1
South Shore Lunenburg, Queens	6	23,007	6	20,581	-10.5
Central - East Halifax, Pictou	3	20,545	5	24,209	17.8
Sub - Total Rural	19	67,657	22	84,306	24.6
Total Nova Scotia	35	$184,619	38	$215,822	16.9

[1]No billing above tariff was reported in Inverness and Guysborough counties during 1981-82. There were no optometrists in Antigonish, Guysborough, Shelburne, Richmond and Victoria counties.

[2]Number of optometrists who reported billing above tariff.

Table 19

M.S.I. Pharmacare

Payment and Utilization Summary

April 1, 1981 to March 31, 1982

	1980-81	1981-82	Percent Change
Payment Summary			
Payments for Prescriptions Dispensed			
—by participating pharmacies	$16,622,379	$20,098,136	20.9
—by other providers	276,410	325,600	17.8
—by providers outside Nova Scotia	31,547	36,378	15.3
	$16,930,336	$20,460,114	20.8
Homes for Special Care[1]	298,645	353,430	18.3
Total	$17,228,981	$20,813,544	21.0
Utilization Summary[1]			
Persons Insured	91,000	94,000	3.3
Persons Receiving Insured Services (Beneficiaries)[2]	83,000	85,275	2.7
Percent of Persons Insured	91.2	90.7	
Prescriptions Dispensed	1,614,481	1,686,070	3.4
Prescriptions Per Insured	17.7	17.9	-
Expenditure Per Insured	$189.33	$221.42	16.9
Prescriptions Per Beneficiary[2]	19.5	19.8	-
Expenditure Per Beneficiary[2]	$203.98	$239.93	17.6

[1]Special payment arrangements are in effect for residents of certain Homes for Special Care. These include reimbursement of drug costs, and payments for pharmacy services on a sessional or capitation fee basis. Data previously reported for 1980-81 have been revised to conform to this format.

[2]Excludes persons residing in homes for special care. Number of beneficiaries for 1980-81 is an estimate.

Table 20

Pharmacare Drug Classification Summary
April 1, 1981 to March 31, 1982

Drug Code	Drug Classification	Number Of Prescriptions	% Of Total	Amount Paid	% Of Total	Average Paid Per Prescription
04	Antihistaminics	10,445	0.6	$ 84,588	0.4	$ 8.10
08	Anti-Infective Agents	86,612	5.1	954,361	4.7	11.02
10	Antineoplastic Agents	2,893	0.2	130,554	0.6	45.13
12	Autonomic Agents	55,382	3.3	693,497	3.4	12.52
16	Blood Derivatives	5	-	43	-	8.60
20	Blood Formation & Coagulation	15,575	0.9	114,761	0.6	7.37
24	Cardiovascular Drugs	330,503	19.5	3,994,471	19.5	12.09
28 - 0400	General Analgesics	1,117	0.1	7,909	-	7.08
28 - 0800	Analgesics	213,718	12.6	3,550,230	17.3	16.65
28 - 1200	Anticonvulsants	15,395	0.9	90,177	0.4	5.86
28 - 1600	Psychotropics	158	-	1,353	-	8.56
28 - 1604	Antidepressants	40,056	2.3	520,573	2.5	12.85
28 - 1608	Tranquilizers	103,764	6.1	919,686	4.5	8.86
28 - 1612	Other Psychotropics	562	-	4,148	-	7.38
28 - 2000	Central Nervous System Stimulants	1,653	0.1	23,728	0.1	14.35
28 - 2400	Sedatives and Hypnotics	73,684	4.3	557,843	2.7	7.57
	Sub-Total-Class 28	450,017	26.5	5,675,647	27.7	12.61

Table 20 (Continued)

Pharmacare Drug Classification Summary

April 1, 1981 to March 31, 1982

Drug Code	Drug Classification	Number Of Prescriptions	% Of Total	Amount Paid	% Of Total	Average Paid Per Prescription
36	Diagnostic Agents	35	-	185	-	5.29
40	Diuretics and Potassium Replacement Agents	283,549	16.7	2,803,082	13.7	9.89
48	Cough Preparations	22,785	1.3	220,782	1.1	9.69
52	Eye, Ear, Nose & Throat Preparations	58,293	3.4	618,495	3.0	10.61
56	Gastrointestinal Drugs	78,717	4.6	1,728,656	8.4	21.96
60	Gold Compounds	222	-	8,119	-	36.57
64	Heavy Metal Antagonists	277	-	8,930	-	32.24
68	Hormones & Substitutes	104,551	6.2	985,628	4.8	9.43
72	Local Anesthetics	34	-	121	-	3.56
76	Oxytocics	10	-	164	-	16.40
77	Diabetic Supplies	30,170	1.8	228,409	1.1	7.57
80	Vaccines	594	-	6,451	-	10.86
84	Skin & Mucous Membrane Preparations	53,427	3.1	598,865	2.9	11.21
86	Spasmolytics	28,122	1.7	328,506	1.6	11.68
88	Vitamins & Minerals	27,203	1.6	371,718	1.8	13.66
8888	Ostomy Equipment	-	-	-	-	-
92	Unclassified Therapeutic Agents	44,706	2.6	828,822	4.0	18.54
99	Compounds	10,529	0.6	104,645	0.5	9.94
	Other	686	-	5,674	-	8.27
	Out-Of-Province	1,918	0.1	17,292	0.1	9.02
	Total	1,697,260	100.0	$20,512,466	100.0	$12.09

Table 21

Cystic Fibrosis and Diabetes Insipidus Programs

Payment and Utilization Summary

	1980-81	1981-82
Payment Summary		
Cystic Fibrosis		
—Drugs	$145,804	$150,774
—Equipment	3,854	2,941
Total	$149,658	$153,715
Diabetes Insipidus	$ 15,786	$ 23,699
Utilization Summary		
Cystic Fibrosis		
—Insured Persons	107	119
—Expenditure Per Insured Person	$ 1,399	$ 1,292
Diabetes Insipidus		
—Insured Persons	31	36
—Expenditure Per Insured Person	$ 509	$ 658